

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-022744

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 1448

FILED MAY 27 1963

VS 300
Rev. 4/59

1 4002

2 4017

3 2

4 0

5 1

6 0

7 0

8 1

9 426.1

10 0

11 0

12 45-0

13 0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Breckenridge Hills</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>		d. STREET ADDRESS <u>3678 Elsa Ave.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Raymond</u> Middle <u>Rolufs</u> Last <u>Rolufs</u>			4. DATE OF DEATH Month <u>May</u> Day <u>2</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/8/1905</u>	9. AGE (last birthday) <u>57</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brick Mason</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brick Contracting</u>		11. BIRTHPLACE (City and state or country) <u>Herculaneum, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Otto Rolufs</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Lighty</u>	
14. NAME OF HUSBAND OR WIFE <u>Dixie L.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>81</u>	
17. INFORMANT <u>Dixie L. Rolufs, 3678 Elsa Ave.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Decompensation</u> <u>Acute myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Acute myocardial infarction</u> DUE TO (c) <u>Multiple pulmonary embolic infarction</u>		INTERVAL BETWEEN ONSET AND DEATH	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Multiple pulmonary embolic infarction</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY. Hour <u>9:15</u> a.m. <u>2</u> p.m.	Month, Day, Year <u>Feb. 28, 1963</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>Feb. 28, 1963</u> to <u>May 2, 1963</u> and last saw her/him alive on <u>May 2, 1963</u>	
Death occurred at <u>9:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>L. A. Hermann M.D.</u>	(Degree or title)	22b. ADDRESS <u>601 S. BREWSTER ST.</u>	22c. DATE SIGNED <u>5-3-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-4-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>St. Ann, Mo.</u>
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24. FUNERAL DIRECTOR <u>Baumann Bros., Inc.</u>	ADDRESS <u>2504 Woodson Rd.</u>	25. DATE RECD. BY LOCAL REG. <u>5-3-63</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>
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Overland, Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *D. C. Gibson*

Licensed Embalmer No. 3454

P. O. Address St. Louis 14, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.